Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Implementing Evidence-Based Prevention Practices in Schools

(Short Title: Prevention Practices in Schools)
(Initial Announcement)

Request for Applications (RFA) No. SM-10-017

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

Key Dates:

Application Deadline	Applications are due by May 20, 2010.
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2010 for the Implementing Evidence-Based Prevention Practices in Schools grant program. The purpose of this program is to prevent aggressive and disruptive behavior among young children in the short term and prevent antisocial behavior and the use of illicit drugs in the longer term. Grantees will implement an evidence-based practice in schools, specifically the Good Behavior Game, a behavioral classroom management strategy that involves helping children learn how to work together. The approach of this practice facilitates a positive learning environment and has been shown to decrease disruptive behavior in the classroom.

Funding Opportunity Title: Implementing Evidence-Based Prevention Practices in Schools (Short: Prevention Practices in Schools)

Funding Opportunity Number: SM-10-017

Due Date for Applications: May 20, 2010

Anticipated Total Available Funding: $2 million

Estimated Number of Awards: Up to 20 awards

Estimated Award Amount: Up to $100,000 per year

Length of Project Period: Up to five years

Eligible Applicants: Local educational authorities in economically disadvantaged communities, including tribal communities.
[See Section III-1 of this RFA for complete eligibility information.]

I.   FUNDING OPPORTUNITY DESCRIPTION

1.   INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2010 for the Implementing Evidence-Based Prevention Practices in Schools grant program. The purpose of this program is to prevent aggressive and disruptive behavior among young children in the short term and prevent antisocial behavior and the use of illicit drugs in the longer term. Grantees will implement an evidence-based practice in schools, specifically the Good Behavior Game, which is a behavioral classroom management strategy that involves helping children learn how to work together. The approach of this practice facilitates a positive learning environment and has been shown to decrease disruptive behavior in the classroom.

SAMHSA is committed to the implementation of evidence-based practices in order to promote positive behavioral health and academic success. A strong evidence base demonstrates that students who participate in high quality social learning contexts show decreased disruptive behaviors and increased achievement scores. A 2009 Institute of Medicine Report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, noted that the Good Behavioral Game classroom intervention demonstrates strong evidence for long term effects on aggression along with mental health and substance abuse related outcomes, particularly among boys. The Good Behavior Game integrates the findings of prevention science and education research and helps teachers manage their classrooms effectively as it balances discipline and academic instruction.

The long-term benefits of using this evidence-based practice among children at high risk are significant:

- Eighty-six percent of Good Behavior Game participants attained a high school diploma, compared with a rate of 19 percent among similar students who did not participate in the program.
- Ninety-nine percent of non-participants went on to use illicit drugs, compared with 66 percent of participants.
- Eighty percent of non-participants demonstrated antisocial behavior in later years, compared with 43 percent of participants.

Through coordinated services, Good Behavior Game grants will work in funded communities to:

- Decrease teacher reports of aggressive behaviors in the classroom (short-term)
- Decrease the percentage of students involved in aggressive behavior (long-term)
- Increase the number of people trained in behavioral health-related practices/activities
- Increase the number of children exposed to behavioral health awareness messages
- Increase the number of classrooms per school implementing the Good Behavior Game
- Increase the number of teachers who successfully implemented the Good Behavior Game each year

Mental, emotional and behavioral health problems are common in children and adolescents. Twenty percent (16 million) of the 80 million children and adolescents in the U.S. have emotional disturbance or mental illness with at least mild functional impairment (DHHS, 1999). Approximately 5.5 million youth between the ages of 12 and 17 received treatment or counseling for emotional or behavioral problems (SAMHSA, 2006), and every community and many families in the United States are impacted by mental illness. Implementation of evidence-based behavioral health promotion practices to deter problem behaviors can occur in a variety of settings including schools. School-aged children and youth have huge unmet behavioral health needs. Studies have estimated this need to be between twenty and thirty eight percent (Committee on School Health, 2004; Paternite, 2005)

The Good Behavior Game promotes each child's positive behavior by rewarding student teams for complying with criteria set for appropriate behavior, such as working quietly, following directions, or being polite to each other. The team-based approach uses peer encouragement to help children follow rules and learn how to be good students. At the same time, it enables teachers to build strong academic skills and positive behaviors.

More than two decades of randomized field trials in Baltimore, MD show that using the Good Behavior Game in the first and second grades produces important outcomes in the short-, medium-, and long-term for students with high levels of aggression in the first grade. The short-term gains include reducing classroom aggression while developing more on-task behavior.

By middle school, those who played the Good Behavior Game in the first 2 years of elementary school were less likely to be delinquent and in need of behavioral health services than those not playing the game. At ages 19–21, those who played the game were far more likely to have attained a high school diploma and far less likely to have needed special educational services, to have been diagnosed with antisocial behavior, or to have used illicit drugs, compared to those who did not play the game in the early elementary years.

During the Good Behavior Game, a teacher divides the class into heterogeneous teams of four to seven students. The teacher then posts rules that explain what is considered improper student behavior, such as verbal disruption or leaving one's seat without permission. A team receives a checkmark whenever a member of the team displays inappropriate behavior. Teams win when the number of checkmarks does not exceed four by the end of the game. Initially, rewards for winning include receiving stickers for good behavior. As time progresses, winning teams receive extra privileges like a longer recess. The length of a game initially lasts 10 minutes and gradually increases until it spans an entire school day.

The Implementing Evidence-Based Prevention Practices in Schools is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in mental health and substance abuse prevention and treatment services and/or to increase the ability of States, units of local government, American Indian/Alaska Native Tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging behavioral health problems. Service delivery should begin by the 4th month of the project at the latest.

SAMHSA has demonstrated that - prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and

reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health. To continue to improve the delivery and financing of prevention, treatment and recovery support services, SAMHSA has identified ten Strategic Initiatives to focus the Agency's work on people and emerging opportunities. More information on these Initiatives is available at the SAMHSA website: http://www.samhsa.gov/About/strategy.aspx.

The application responsive to this Request for Application must address the following SAMHSA Strategic Initiative:

> Prevention of Substance Abuse and Mental Illness - Create prevention prepared communities where individuals, families, schools, workplaces, and communities take action to prevent and reduce mental illness and substance abuse across the lifespan.

The Implementing Evidence-Based Prevention Practices in Schools grants are authorized under 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

2. EXPECTATIONS

Grantees of the Implementing Evidence-Based Prevention Practices in Schools grant program are required to use SAMHSA funds to implement the Good Behavior Game intervention. Elements of implementation are: (a) the training of first and second grade classroom teachers (b) training of GBG coaches to provide on-site support to teachers, (c) the training of GBG coaches to monitor quality implementation standards including the use of fidelity measures, and overall support; and (d) training of GBG coaches to train future teachers in specific schools. Administrative materials for classroom implementation are included in expected costs. Grantees will also be required to engage parents, families and other key stakeholders to establish and confirm readiness for program implementation.

As of February 2009, approximately 1.89 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

2.1 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population of focus. An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form

of documented research evidence. An evidence-based practice, The Good Behavior Game, has been selected for use in this grant program. In <u>Section B</u> of your project narrative, you will need to:

- Describe the relevance of the proposed evidence-based practice, the GBG, to implement the specific needs of the population of focus.
- Identify and discuss the evidence that shows that the practice is effective.
- Discuss the population(s) for which the practice has been shown to be effective and show that it is appropriate for <u>your</u> population(s) of focus.
- Describe any modifications/adaptations you will need to make to the GBG to meet project goals and why you believe the changes will improve the outcomes. We expect that you will implement the evidence-based practice in a way that is as close as possible to the original practice. However, SAMHSA understands that you may need to make minor changes to the proposed practice to meet the needs of your population of focus or your program, or to allow you to use resources more efficiently. If changes are necessary, you may describe your own experience either with the population of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice.

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at http://www.samhsa.gov/ebpwebguide. SAMHSA has developed this Web site to provide a simple and direct connection to Web sites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of Web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Information on the GBG can be found at the Center for the Study and Prevention of Violence. http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP06.html. Additional information on the intervention can also be obtained from the following sources:

Wilcox, H.C., Kellam, S.G., Brown, C.H., Poduska, J., Ialongo, N.S., Wang, W., Anthony, J., 2008. The impact of two universal randomized first- and second-grade classroom interventions on young adult suicide ideation and attempts. Drug Alcohol Depend. 95, S60–S73.

Kellam, S.G., Rebok, G.W., Ialongo, N., Mayer, L.S., 1994a. The course and malleability of aggressive behavior from early first grade into middle school: Results of a developmental epidemiologically-based preventive trial. J. Child Psychol. Psychiatry 35, 259–282.

Kellam, Sheppard G., Reid, John, Balster, Robert L, 2008. Effectives of a universal classroom behavior program in first and second grades on young adult outcomes. Drug and Alcohol Dependence, 95 (1).

2.2   Services Delivery

You must use SAMHSA's services grant funds primarily to support allowable prevention services. This includes the following required activities:

- Providing outreach to increase participation in, and access to, prevention services within first and second grade classrooms in schools in which 50% or more students are receiving free or reduced fee lunches.
- Providing training of the Good Behavior Game for first grade elementary school teachers and subsequent second grade teachers as students progress to the next higher grade levels, including a training workshop for teachers and appropriate staff and a mid-year booster training session.
- Provide implementation materials as outlined in the Good Behavior Game manual.
- Provide training for GBG coaches for on-going weekly support to individual teachers in the beginning phases, and to monitor teacher implementation, including the use of implementation checklists during classroom observations.
- Provide training for GBG coaches to train new teachers in subsequent years in the implementation of the Good Behavior Game.
- Promoting SAMHSA's efforts to reduce the use of restraint practices and ensuring that these practices are used only when the safety of the client, other clients or staff is in jeopardy.

Service delivery for the Implementing Evidence-based Prevention Practices in Schools grant program should begin by the 4th month of the project <u>at the latest</u>.

2.3   Infrastructure Development (maximum 15% of total grant award)

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than 15% of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Developing partnerships with other service providers and community stakeholders to sustain the implementation of the Good Behavior Game after federal funding ends.
- Enhancing, improving, or developing collaborative efforts between school-based service systems and behavioral health service systems to provide, enhance, or improve prevention, diagnosis, and treatment services to students.
- Enhancing the availability of crisis intervention services, appropriate referrals for students potentially in need of behavioral health services, and ongoing behavioral health services.
- Providing training for the school personnel and behavioral health professionals who will participate in the program.
- Providing linguistically appropriate and culturally competent services.

2.4   Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in "Section E: Performance Assessment and Data" of your application. Grantees will be required to report performance on the following measures:

1. The number of teachers/GBG coaches trained in specific behavioral health-related practices/activities specified within the grant;
2. The number of students participating in the GBG (exposed to behavioral health awareness messages);
3. The percentage of students participating in the GBG who have a disciplinary event (i.e. sent to the principal, etc.);
4. The number of first grade classrooms per school implementing the Good Behavior Game;
5. The number of teachers who successfully implemented the GBG each year; and,
6. The number of coaches that provided support and collected fidelity measures on teacher's implementation quality.

Measures 1 and 2 will be gathered using a tool similar to the draft tool attached at Appendix H. Data will be entered by the grantee into the CMHS TRAC system at https://www.cmhs-gpra.samhsa.gov/index.htm on at least a quarterly basis. Measures 3 through 6 will be included in the annual report. Training and ongoing technical assistance for using the CMHS TRAC system will be provided.

SAMHSA is currently reviewing the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to Mental Health and may result in additional data collection items. Grantees will be kept apprised of the results of this NOMS review as soon as it is completed.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.5   Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually. Ongoing administrative information about the above must be provided to the SAMHSA Government Project Officer when queried.

At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions:

- How closely did implementation of GBG match the originally proposed plan?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- What percentage of GBG coaches were trained to train new teachers in the Good Behavior Game the second year and subsequent years?

Performance measures should be completed every semester and submitted to SAMHSA in the annual report. Ongoing administrative information about the above must be provided to the SAMHSA Government Project Officer when queried.

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.4 and 2.5 above.

2.6   Grantee Meetings

Grantees will not be required to send staff to a grantee meeting but will be required to participate in monthly conference calls with their Government Project Officer the first year and quarterly the second year and negotiated with the GPO for subsequent years.

II.   AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: $2 million

Estimated Number of Awards: Up to 20 awards

Estimated Award Amount: Up to $100,000 per year

Length of Project Period: Up to five years

Proposed budgets cannot exceed $100,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award Federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee

The role of the grantee is to comply with the terms of the award and all cooperative agreement rules and regulations, and satisfactorily perform activities to achieve the goals described below:
- Seek SAMHSA approval for key positions to be filled;
- Consult with and accept guidance from SAMHSA staff on performance of programmatic and data collection activities to achieve goals of the cooperative agreement;
- Maintain ongoing communication with SAMHSA, keeping Federal program staff informed of emerging issues, developments, and problems, as appropriate;
- Submit any adaptations to the GBG to the GPO for approval prior to implementation; and,
- Participate in technical assistance events provided by SAMHSA.

Role of SAMHSA Staff

- Maintain overall responsibility for monitoring the implementation and progress of the prevention program;
- Approve proposed key positions/personnel;
- Facilitate linkages to other SAMHSA/Federal government resources and help grantees access appropriate technical assistance;
- Monitor development and collection of process and outcome measures;
- Ensure compliance with Government Performance and Results Act;

- Provide technical assistance on sustainability and other key issues;
- Make recommendations regarding continued funding; and,
- Approve any adaptation to the Good Behavior Game prior to implementation.

III.   ELIGIBILITY INFORMATION

1.   ELIGIBLE APPLICANTS

Eligible applicants are local educational agencies in economically disadvantaged communities including the duly authorized official of a federally recognized American Indian/Alaska Native Tribe or tribal organization. Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities.

For the purposes of this grant announcement, "local educational agency" means:

A public board of education or other public authority legally constituted within a State for either administrative control of or direction of, or to perform service functions for public elementary or secondary schools in:

- A city, county, township, school district, or other political subdivision of a State; or such combination of school districts or counties a State recognizes as an administrative agency for its public elementary or secondary schools; or any other public institution or agency that has administrative control and direction of a public elementary or secondary school.

- An elementary school or secondary school funded by the Bureau of Indian Affairs but only to the extent that including the school makes the school eligible for programs for which specific eligibility is not provided to the school in another provision of law and the school does not have a student population that is smaller than the student population of the local educational agency receiving assistance under this Act with the smallest student population, except that the school shall not be subject to the jurisdiction of any State educational agency other than the Bureau of Indian Affairs.

- Educational service agencies and consortia of those agencies.

- The State educational agency in a State in which the State educational agency is the sole educational agency for all public schools.

LEAs in economically disadvantaged communities are uniquely qualified to achieve the positive outcomes associated with implementing the Good Behavior Game. Economically disadvantaged kids should be served by this school-based program, and therefore LEAs in these communities are best suited to implement this intervention/practice. Since the Good Behavior Game was developed for and tested with kids with high levels of aggression, the research demonstrates and

SAMHSA feels strongly that economic disadvantage is associated with high levels of aggression in the short-term and antisocial behavior and illicit drug use in the long term.

Eligibility for the Implementing Evidence-Based Prevention Practices in Schools is limited to local educational agencies with elementary schools in which 50% or more students are receiving free or reduced fee lunches according to the annual guidelines proposed by the Department of Agriculture Food and Nutrition Service, Child Nutrition Programs—Income Eligibility Guidelines (http://www.fns.usda.gov/cnd/Governance/notices/iegs/IEGs09-10.pdf). Elementary schools in tribal areas of a federally recognized tribe or tribal organization are also eligible to apply for this grant program.

States are not eligible to apply because the initiative is targeted to LEAs and elementary schools in which 50% or more students are receiving free or reduced fee lunches. In the vast majority of cases, states do not have the direct connection with a local elementary school which would be necessary to successfully coordinate the practice in a local elementary school. In those cases where such a relationship does exist, there is nothing in the RFA prohibiting the state from partnering with a LEA in support of the project and playing a more direct role.

Non-profit and community organizations are also not eligible to apply because of the need for immediate access to the local elementary school classroom. Restricting eligibility to the LEA ensures that the grantee will have this immediate connection to first and second grade classrooms in local elementary schools as well as facilitate engagement of teaching staff for training, consultation and coaching purposes. Given the limited funding for each grantee direct access to the classroom ensures that all funds are allocated to implement the Good Behavior Game in the classroom. This evidence-based practice is designed to be implemented only by teachers and supported by the infrastructure of the local elementary school and LEA. The Good Behavior Game is a classroom management technique which once implemented must be maintained by the now trained classroom teacher. This is especially important given that LEAs applying for this grant are likely to be facing resource issues and need to use these funds immediately in the classroom to improve classroom management and promote academic success.

2.   COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3.   OTHER

3.1   Additional Eligibility Requirements

You must comply with the following requirements, or your application will be screened out and will not be reviewed: use of the PHS 5161-1 application form; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Appendix A of this document.
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3.2   Evidence of Experience and Credentials

SAMHSA believes that only LEAs with demonstrated behavioral health infrastructure and expertise will be able to deliver and/or refer to intervention services as needed.

The two requirements are:

A provider organization for behavioral health services appropriate to the grant must be involved in the proposed project to support the coordination of school-based service systems and behavioral health service systems to provide, enhance, or improve prevention, diagnosis, and treatment services to students. More than one provider organization may be involved.

Each direct service provider organization must provide relevant services in the geographic area(s) in which the LEA is located to ensure the availability of crisis intervention services, appropriate referrals for students potentially in need of behavioral health services, and ongoing related behavioral health services.

In **Attachment 1** of your application, you must: (1) identify at least one experienced, licensed service provider organization; (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment or prevention service provider organization.

If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.

IV.   APPLICATION AND SUBMISSION INFORMATION

1.   ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].
You also may download the required documents from the SAMHSA Web site at
http://www.samhsa.gov/grants/apply.aspx.

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF 424 v2.

2.   CONTENT AND GRANT APPLICATION SUBMISSION

2.1   Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**

- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (http://www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (http://www.Grants.gov).

You must use all of the above documents in completing your application.

2.2   Required Application Components

Applications must include the required application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Attachments, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at http://www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]

- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.

- **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix G of this document.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be

longer than 30 pages.   (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.)   More detailed instructions for completing each section of the Project Narrative are provided in "Section V – Application Review Information" of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F through I. There are no page limits for these sections, except for Section H, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation." Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 and 3**– Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 2 and 3 combined. There are no page limitations for Attachments 2 and 3. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

  o *Attachment 1:* (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment/support.
  o *Attachment 2:* Letter to the SSA (if applicable; see Section IV-4 of this document)
  o *Attachment 3:* Statement of Assurance indicating that 50% (or more) of students in the proposed schools are receiving free or reduced fee lunches according to the annual guidelines proposed by the Department of Agriculture Food and Nutrition Service, Child Nutrition Programs—Income Eligibility Guidelines

- **Project/Performance Site Location(s) Form** – This form is part of the PHS 5161-1. The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application**.**
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.

- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1.   Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members

of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.

- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3   Application Formatting Requirements

Please refer to Appendix A, *Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications,* **for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.**

3.   SUBMISSION DATES AND TIMES

Applications are due by close of business on May 20, 2010. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **Applications may be shipped using only, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

You will be notified by postal mail that your application has been received.

SAMHSA will not accept or consider any applications that are hand carried or sent by facsimile.

Your application must be received by the application deadline or it will not be considered for review.   Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

SAMHSA accepts electronic submission of applications through http://www.Grants.gov. Please refer to Appendix B for "Guidance for Electronic Submission of Applications." **If you plan to submit electronically through Grants.gov it is very important that you read thoroughly the application information provided on** Appendix B "Guidance for Electronic Submission of Applications."

4.   INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this

Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) Web site at http://www.whitehouse.gov/omb/grants_spoc.

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.

- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.

- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. SM-10-017. Change the zip code to **20850** if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)[1] to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided;

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[1] Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

and 3) a description of the coordination planned with appropriate State or local health agencies.

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's Web site at http://www.samhsa.gov. A listing of the SSAs for mental health can be found on SAMHSA's Web site at http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3509/page4.asp. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

If applicable, you <u>must</u> include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 2, "Letter to the SSA.**" The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. SM-10-017**.** Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any State comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

5.   FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at http://www.samhsa.gov/grants/management.aspx:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's The Good Behavior Game grant recipients must comply with the following funding restrictions:

- No more than 15% of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 20% of the total grant award may be used for data collection and performance assessment, including incentives for participating in the required data collection follow-up.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix F.

6.   OTHER SUBMISSION REQUIREMENTS

You may submit your application in either electronic or paper format:
<u>Submission of Electronic Applications</u>

SAMHSA accepts electronic submission of applications through http://www.Grants.gov. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the http://www.Grants.gov apply site. You will be able to download a copy of the application package from http://www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

Please refer to Appendix B for detailed instructions on submitting your application electronically.

<u>Submission of Paper Applications</u>

You must submit an original application and 2 copies (including attachments). The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

Send applications to the address below:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using another delivery service.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "Prevention Practices in Schools **and RFA SM-10-017"** in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E below. Your application will be reviewed and scored according to the <u>quality</u> of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the "Program Narrative" instructions found in the PHS 5161-1.**

- The Project Narrative (Sections A-E) together may be no longer than 30 pages.

- You must use the five sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA Web site at http://www.samhsa.gov/grants/apply.aspx at the bottom of the page under "Resources for Grant Writing."

- The Supporting Documentation you provide in Sections F-I and Attachments 1-3 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (20 points)

- Describe the population of focus and the geographic area, i.e., schools to be served, and justify the selection of both with respect to the primary purpose of the grant program. Also include demographic information on the population of focus, e.g., race, ethnicity, age, socioeconomic status, geography.

- Describe the nature of the problem and extent of the need (e.g., current prevalence rates or incidence data) for the population of focus based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local epidemiologic data or trend analyses, State data (e.g., CDC's YRBSS: Youth Risk Behavior Surveillance System, State Needs Assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

- Non-tribal applicants must show that identified needs are consistent with priorities of the State or county that has primary responsibility for the service delivery system. Tribal applicants must provide similar documentation relating to tribal priorities.

Section B: Proposed Evidence-Based Service/Practice (15 points)

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access to an evidence-based school-based prevention interventions)

- Discuss the evidence that shows that this practice is effective with your population of focus (e.g., reduced student aggressive behavior). If the evidence is limited or non-existent for your population of focus, provide other information to support your modification/adaptation of the intervention for your population of focus.

- Document the evidence that the GBG is appropriate for the outcomes you want to achieve.

- Identify and justify any modifications or adaptations you will need to make or have already made to the proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.

- Describe how the proposed project will address the following issues in the population of focus, while retaining fidelity to the chosen practice:

  o Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
  o Language and literacy;
  o Disability.

- Demonstrate how the proposed practice(s) will meet your goals and objectives. Provide a logic model that links need, the services or practice to be implemented, and outcomes. (See Appendix D for a sample logic model.)

Section C: Proposed Implementation Approach (30 points)

- Describe how the proposed practice will be implemented.

- Describe *training and implementation plan,* including strategies for:
  (a) Engaging and encouraging key school stakeholders to participate in the GBG, including school/school district administrative staff, teachers, a counselor, a school psychologist, school social workers, and others who will assist the school principal in implementing the GBG.
  (b) Address training classroom teachers and designated coach(es), including training for teachers and appropriate staff and a mid-year booster training session. Describe the approach for consultation about the quality of implementation to support teacher fidelity to the evidence-based intervention.
  (c) Maintain teacher fidelity to the evidenced-based intervention and support the availability of implementation materials as outlined in the Good Behavior Game.
  (d) Monitor teacher implementation, including the use of fidelity checklists.
  (e) Address training for GBG coaches to train new teachers in subsequent years in the Good Behavior Game

- Describe your plan for reducing the use of restraint and ensuring that these practices are used only when the safety of the client, other clients or staff is in jeopardy.

- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.

- Provide a table quantifying your objectives (in terms of the numeric phrases that are underlined in Section 2.4, Data Collection and Performance Measurement) for each indicator during each year of the grant. Also, please provide an estimate of the percentage and dollar amount of the grant award that you will spend on each of the following categories during each year of the grant:
  - technical assistance
  - infrastructure development
  - data collection and performance measurement and assessment
  - grant administration

- Describe how the population of focus will be identified, recruited, and retained. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the

population of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.

- Describe how project planning, implementation and assessment will include parent/family and teacher input.

- Describe how the project components will be embedded within the existing service delivery system, including other Government-funded projects, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Attachment 1**.

- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.

- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section D: Staff and Organizational Experience (20 points)

- Discuss the capability and experience of the applicant organization of supporting infrastructure development to improve the delivery of behavioral health preventive services in schools and the capacity to provide training and technical assistance for quality assurance purposes.   Demonstrate that the applicant organization and other participating organizations have linkages to the population of focus and ties to grassroots/community-based organizations that are rooted in the culture and language of the population of focus.

- Discuss the population of focus and the commitment to increase school capacity to provide evidence-base preventive interventions to young children..

- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment/prevention personnel.

- Discuss how key staff have demonstrated experience in serving the population of focus and are familiar with the culture and language of the population of focus. If the population of focus is multicultural and multilinguistic, describe how the staff are qualified to serve this population.

- Discuss how the applicant school or LEA has developed a comprehensive, coordinated plan for building the capacity of school personnel through training, coaching, technical assistance and /or consultation on EBP

- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population of focus. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.4 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.

- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups. Describe how information related to process and outcomes will be routinely communicated to program staff.

- Describe your plan for conducting the performance assessment as specified in Section I-2.5 of this RFA and document your ability to conduct the assessment.

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

SUPPORTING DOCUMENTATION

Section F: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section G: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 15% of the total grant award will be used for infrastructure development, if necessary, and that no more than 20% of the total grant award will be used for data collection

and performance assessment. An illustration of a budget and narrative justification is included in Appendix H of this document.

Section H: Biographical Sketches and Job Descriptions.
- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application, using the guidelines provided below.

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. Read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks. Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

- Describe the population of focus and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.

- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be

the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed $20.

- Explain how you will ensure privacy and confidentiality of participants' records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.

- Discuss why the risks are reasonable compared to expected benefits from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under "Applying for a New SAMHSA Grant," http://www.samhsa.gov/grants/apply.aspx.

In addition to the bullets above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

2.   REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above. For those programs where the individual award is over $100,000, applications also must be reviewed by the appropriate National Advisory Council.
Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Mental Health Services' National Advisory Council;

- availability of funds; and

- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

If you are not funded, you may re-apply if there is another receipt date for the program.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at http://www.samhsa.gov/grants/management.aspx.

- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (http://www.samhsa.gov/grants/management.aspx).

- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation;
  - requirements to address problems identified in review of the application; or
  - revised budget and narrative justification.

- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and

objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.

- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site at http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf . You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.4, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit annual and final progress reports, as well as annual and final financial status reports.

- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.

- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. The performance requirements for SAMHSA's Using Prevention Science in Schools: Implementing the Good Behavior Game grant program are described in Section I-2.4 of this document under "Data Collection and Performance Measurement."

3.3   Publications

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.

- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.

- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

> Gail F. Ritchie, MSW
> Public Health Analyst
> Center for Mental Health Services
> Substance Abuse and Mental Health Services Administration
> 1 Choke Cherry Road
> Room 6-1007
> Rockville, Maryland 20857
> (240) 276-1867
> gail.ritchie@samhsa.hhs.gov

For questions on grants management and budget issues contact:

> Gwendolyn Simpson
> Office of Program Services, Division of Grants Management
> Substance Abuse and Mental Health Services Administration
> 1 Choke Cherry Road
> Room 7-1085
> Rockville, Maryland 20857
> (240) 276-1408

gwendolyn.simpson@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.**

- Use the PHS 5161-1 application form.

- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.

- Information provided must be sufficient for review.

- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under "Submission of Electronic Applications.")

- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

- Paper must be white paper and 8.5 inches by 11.0 inches in size.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- The application components required for SAMHSA applications should be included and submitted in the following order:

  o Face Page (Standard Form 424 v2, which is in PHS 5161-1)
  o Abstract
  o Table of Contents
  o Budget Form (Standard Form 424A, which is in PHS 5161-1)
  o Project Narrative and Supporting Documentation
  o Attachments
  o Project/Performance Site Location(s) Form
  o Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
  o Checklist (a form in PHS 5161-1)

- Applications should comply with the following requirements:

  o Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
  o Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
  o Documentation of nonprofit status as required in the PHS 5161-1.

- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.

- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.

- Send the original application and two copies to the mailing address in Section IV-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search http://www.Grants.gov for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the http://www.Grants.gov apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for help:
- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). **REMINDER: CCR registration expires each year and must be updated annually.**

Please also allow sufficient time for enter your application into Grants.gov. When you submit your application you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov. within the next 24-48 hours. One will confirm receipt of the application in Grants.gov and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. Please note that it is incumbent on the applicant to monitor their application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

It is strongly recommended that you submit your grant application using Microsoft Office 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office 2003 products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in Appendix A of this

announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility*: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

- *Amount of space allowed for Project Narrative*: The Project Narrative for an electronic submission may not exceed 25 pages **15,450** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., "Attachments 1-3", "Attachments 4-5."

Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

If you are submitting any documentation that cannot be submitted electronically, please send a hard copy to the address below. [SAMHSA no longer requires submission of a signed paper original of the face page (SF 424 v2) or the assurances (SF 242B)]. **You must include the Grants.gov tracking number for your application on these documents. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044

1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery services, change the zip code to 20850.

If you require a phone number for delivery, you may use (240) 276-1199.

Appendix C – Sample Logic Model

A logic model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or "change" and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A logic model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among the resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Your logic model should form a logical chain of "if-then" relationships that enables you to demonstrate how you will get to your desired outcomes with your available resources. Because your logic model requires you to be specific about your intended outputs and outcomes, it can be a valuable resource in assessing the performance of your project by providing you with specific outputs (objectives) and outcomes (goals) that can be measured.

The graphic on the following page provides an example of a logic model that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

Your logic model should be based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. A properly targeted logic model will show a logical pathway from inputs to intended outcomes, in which the included outcomes address the needs identified in the Statement of Need.

Examples of **Inputs** (resources) depicted in the sample logic model include people (e.g., staff hours, volunteer hours), funds and other resources (e.g., facilities, equipment, community services).

Examples of **Program Components** (activities) depicted in the sample logic model include outreach; intake/assessment (e.g., client interview); treatment planning/treatment by type (e.g., methadone maintenance, weekly 12-step meetings, detoxification, counseling sessions, relapse prevention, crisis intervention); special training (e.g., vocational skills, social skills, nutrition, child care, literacy, tutoring, safer sex practices); other services (e.g., placement in employment, prenatal care, child care, aftercare); and program support (e.g., fundraising, long-range planning, administration, public relations).

Examples of **Outputs** (objectives) depicted in the logic model include waiting list length, waiting list change, client attendance, and client participation; number of clients, including those admitted, terminated, inprogram, graduated and placed; number of sessions per month and per client/month; funds raised; number of volunteer hours/month; and other resources required.

The **Inputs, Program Components** and **Outputs** all lead to the **Outcomes** (goals). Examples of Outputs depicted in the logic model include inprogram (e.g., client satisfaction, client retention); and in or postprogram (e.g., reduced drug use-self reports, urine, hair; employment/school progress; psychological status; vocational skills; safer sexual practices; nutritional practices; child care practices; and reduced delinquency/crime.

[Note: The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.]

Sample Logic Model

Resources (Inputs)		Program Components (Activities)		Outputs (Objectives)		Outcomes (Goals)
Examples	→	**Examples**	→	**Examples**	→	**Examples**

People
  Staff – hours
  Volunteer – hours
 	
Funds
 	
Other resources
  Facilities
  Equipment
  Community services
		Outreach
		Intake/Assessment
		  Client Interview
		
		Treatment Planning
		  Treatment by type:
		    Methadone maintenance
		    Weekly 12-step meetings
		    Detoxification
		    Counseling sessions
		    Relapse prevention
		    Crisis intervention
		
		Special Training
		    Vocational skills
		    Social skills
		    Nutrition
		    Child care
		    Literacy
		    Tutoring
		    Safer sex practices
		
		Other Services
		    Placement in employment
		    Prenatal care
		    Child care
		    Aftercare
		
		Program Support
		    Fundraising
		    Long-range planning
		    Administration
		    Public Relations
				Waiting list length
				Waiting list change
				Client attendance
				Client participation
				
				Number of Clients:
				    Admitted
				    Terminated
				    Inprogram
				    Graduated
				    Placed
				
				Number of Sessions:
				    Per month
				    Per client/month
				
				Funds raised
				Number of volunteer hours/month
				
				Other resources required
						Inprogram:
						    Client satisfaction
						    Client retention
						
						In or postprogram:
						    Reduced drug use – self
						      reports, urine, hair
						    Employment/school
						      progress
						    Psychological status
						    Vocational skills
						    Social skills
						    Safer sexual practices
						    Nutritional practices
						    Child care practices
						    Reduced delinquency/crime

Appendix D – Logic Model Resources

Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to
plan and evaluate a community intervention program: A case study. International Quarterly of
Community Health Education, 18(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for
Native American drug and alcohol prevention programs: A logic model framework. Alcoholism
Treatment Quarterly, 13(2), 43-62.

Hernandez, M. & Hodges, S. (2003). Crafting Logic Models for Systems of Care: Ideas into
Action. [Making children's mental health services successful series, volume 1]. Tampa, FL:
University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department
of Child & Family Studies. http://cfs.fmhi.usf.edu or phone (813) 974-4651

Hernandez, M. & Hodges, S. (2001).   Theory-based accountability. In M. Hernandez & S.
Hodges (Eds.), Developing Outcome Strategies in Children's Mental Health, pp. 21-40.
Baltimore: Brookes.

Julian, D.A. (l997). Utilization of the logic model as a system level planning and evaluation
device. Evaluation and Planning, 20(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the
logic model: Program planning and evaluation tools. Evaluation and Program
Planning, 18(4), 333-341.

Patton, M.Q. (1997). Utilization-Focused Evaluation (3rd Ed.), pp. 19, 22,
241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). Handbook of Practical Program
Evaluation. San Francisco, CA: Jossey-Bass Inc.

W.K. Kellogg Foundation, (2004). Logic Model Development Guide. Battle Creek, MI.
To receive additional copies of the Logic Model Development Guide, call (800) 819-9997 and
request item #1209.

Appendix E – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

    - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

    - Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.

    - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

    - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

    - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.

    - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

    - Explain the reasons for including or excluding participants.

    - Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

    - Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

    - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum

amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $20.

- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 2, "Letter to the SSA,"** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:

  o How you will use data collection instruments.
  o Where data will be stored.
  o Who will or will not have access to information.
  o How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:

  o Whether or not their participation is voluntary.
  o Their right to leave the project at any time without problems.
  o Possible risks from participation in the project.
  o Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, "Statement of Assurance,"** of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7.   Risk/Benefit Discussion

   Discuss why the risks are reasonable compared to expected benefits and importance of
   the knowledge from the project.

Protection of Human Subjects Regulations

Applicants may also have to comply with the Protection of Human Subjects Regulations (45
CFR 46), depending on the evaluation and data collection procedures proposed and the
population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not
apply to all projects funded, the specific performance assessment design proposed by the
applicant may require compliance with these regulations. For assistance in determining if your
proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects
Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under "Applying for
a New SAMHSA Grant," http://www.samhsa.gov/grants/apply.aspx.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must
describe the process for obtaining Institutional Review Board (IRB) approval fully in their
applications. While IRB approval is not required at the time of grant award, these applicants will
be required, as a condition of award, to provide the documentation that an Assurance of
Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB
approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the
Web at http://www.hhs.gov/ohrp. You may also contact OHRP by e-mail
(ohrp@osophs.dhhs.gov) or by phone (240/453-6900). SAMHSA-specific questions related to
Protection of Human Subjects Regulations should be directed to the program contact listed in
Section VII of this RFA.

Appendix F – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.

- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).

- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Pay for housing other than residential mental health and/or substance abuse treatment.

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.

- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to $20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to $20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.

- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a "research" indirect cost rate. The grantee must use the "other sponsored program rate" or the lowest rate available.

Appendix G – Sample Budget and Justification
(no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION
WITH GUIDANCE FOR COMPLETING SF 424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: an employee of the applying agency whose work is tied to the application

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	John Doe	$64,890	10%	$ 6,489
Coordinator	To be selected	$46,276	100%	$46,276
			TOTAL	$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.
The Project Director will provide daily oversight of the grant and will be considered a key staff.   The coordinator
will coordinate project services and project activities, including training, communication and information
dissemination. Key staff positions requires prior approval of resume and job description.

FEDERAL REQUEST   (enter in Section B column 1 line 6a of form SF424A)   **$52,765**

B. Fringe Benefits: List all components of fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	$52,765	$4,037
Workers Compensation	2.5%	$52,765	$1,319
Insurance	10.5%	$52,765	$5,540
		TOTAL	$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST   (enter in Section B column 1 line 6b of form SF424A)   **$10,896**

C.Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Grantee Conference	Washington, DC	Airfare	$200/flight x 2 persons	$400
		Hotel	$180/night x 2 persons x 2 nights	$720
		Per Diem (meals)	$46/day x 2 persons x 2 days	$184
Local travel		Mileage	3,000 miles@.38/mile	$1,140
			TOTAL	$2,444

JUSTIFICATION: Describe the purpose of travel and how costs were determined.
Cost for two staff to attend a grantee meeting in Washington, DC. Local travel is needed to attend local meetings,
project activities, and training events. Local travel rate is based on agency's policies and procedures privately
owned vehicle (POV) reimbursement rate.

FEDERAL REQUEST   (enter in Section B column 1 line 6c of form SF424A)   **$2,444**

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit – federal definition.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **$ 0**

E. Supplies: materials costing less than $5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Postage	$37/mo. x 8 mo.	$296
Laptop Computer*	$900	$900
Printer*	$300	$300
Projector*	$900	$900
Copies	8000 copies x .10/copy	$800
	TOTAL	$3,796

JUSTIFICATION: Describe need and include explanation of how costs were estimated.
Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.
*Provide adequate justification for purchases.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) **$ 3,796**

F. Contract: A consultant is an individual retained to provide professional advice or services for a fee but usually not as an employee of the organization. The grantee must have policies and procedures governing their use of consultants that are consistently applied among all organization's agreements.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
Joan Doe	Training staff	$150/day	15 days	$2,250
	Travel	.38/mile	360 miles	$137
			TOTAL	$2,387

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.
This person will advise staff on ways to increase the number clients and client services. Consultant is expected to make up to 6 trips (each trip a total of 60 miles) to meet with staff and other local and government experts. Mileage rate is based on grantee's POV reimbursement rate.

FEDERAL REQUEST

Entity	Product/Service	Cost
To Be Announced	Marketing Coordinator $25/hour x 115 hours	$2,300
ABC, Inc.	Evaluation $65/hr x 70 days	$4,500
	TOTAL	$6,800

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.
The Marketing Coordinator will development a marketing plan to include public education and outreach efforts to engage clients of the community about grantee activities, provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools. Information disseminated by written or oral communication, electronic resources, etc. A local evaluator will be contracted to produce the outcomes and report input of GPRA data.

FEDERAL REQUEST –   (enter in Section B column 1 line 6f of form SF424A)   **$ 9,187**
(combine the total of consultant and contact)

G. Construction: NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
Rent*	$15/sq.ft x 700 sq. feet	$10,500
Telephone	$100/mo. x 12 mo.	$1,200
Client Incentives	$10/client follow up x 278 clients	$2,784
Brochures	.89/brochure X 1500 brochures	$1,335
	TOTAL	$15,819

JUSTIFICATION: Break down costs into cost/unit, i.e. cost/square foot. Explain the use of each item requested.
Office space is included in the indirect cost rate agreement; however other rental costs are necessary for the project as well as telephone service to operate the project. The rent is calculated by square footage and reflects SAMHSA's share of the space. The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only. Survey copyright requires the purchase of the ATOD surveys. Brochures will be used at various community functions (health fairs and exhibits).
*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations since mortgage costs are unallowable.

FEDERAL REQUEST –   (enter in Section B column 1 line 6h of form SF424A)   **$ 15,819**

Indirect cost rate: Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement.
For information on applying for the indirect rate go to: samhsa.gov then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)
8% of personnel and fringe   (.08 x $63,661)   **$5,093**

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Personnel	$52,765
Fringe	$10,896
Travel	$2,444
Equipment	0
Supplies	$3,796
Contractual	$9,187
Other	$15,819
Total Direct Costs*	$94,907
Indirect Costs	$5,093
Total Project Costs	$100,000

* TOTAL DIRECT COSTS:

FEDERAL REQUEST –   (enter in Section B column 1 line 6i of form SF424A)   **$94,907**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A)   **$100,000**

Appendix H - CMHS-TRAC Prevention/Promotion Result Form

NOTE: THIS FORM IS FOR EXAMPLE ONLY. FURTHER INSTRUCTION ON USE OF THIS FORM AND THE TRAC SYSTEM WILL BE PROVIDED AFTER AWARD.

GRANT ID (GRANT/CONTRACT/COOPERATIVE AGREEMENT)
|____|____|____|____|____|____|____|____|____|____|

INSTRUCTIONS: USE ONE FORM PER RESULT. A RESULT NAME MUST BE UNIQUE IN A GIVEN FFY QUARTER[2]. THE SAME RESULT NAME CAN *ONLY* BE USED IN SUBSEQUENT QUARTERS. IF APPLICABLE, ENTER THE NUMBER AND/OR PERCENT OR AMOUNT OF FUNDING.

DATA MUST BE ENTERED ELECTRONICALLY IN THE TRAC SYSTEM (HTTPS://WWW.CMHS-GPRA.SAMHSA.GOV). ALL RESULTS THAT OCCUR WITHIN A GIVEN QUARTER MUST BE ENTERED WITHIN 10 DAYS OF THAT QUARTER'S END.

INDICATOR NUMBER (EX. WD2): _____

IS THIS A NEW RESULT NAME? ❑ YES ❑ NO

DATE RESULT COMPLETED (MM/DD/YYYY):_____

RESULT NAME: _____

RESULT DESCRIPTION:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NUMBER (EXCLUDING PD1; WD4; F1,2,3; OC1):_____

PERCENT (A4 ONLY):_____

AMOUNT OF FUNDING (F1 & F2 ONLY): _____
<Specific Infrastructure/Prevention instructions will be given for number, percent and amount.>

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[2] **FFY QUARTER 1 (10/1– 12/31); FFY QUARTER 2 (1/1– 3/31); FFY QUARTER 3 (4/1– 6/30); FFY QUARTER 4 (7/1– 9/30)**

TRAC Infrastructure and Prevention/Promotion CATEGORIES AND INDICATORS

POLICY DEVELOPMENT (PD)

PD1. A policy change completed as a result of the grant

PD2. The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement specific mental health-related practices

WORKFORCE DEVELOPMENT (WD)

WD1. The number of organizations or communities implementing mental health-related training programs as a result of the grant

WD2. The number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the grant

WD3. The number of people credentialed/certified to provide specific mental health-related practices/activities as a result of the grant

WD4. A change made to a credentialing and licensing policy in order to incorporate expertise needed to improve mental health-related practices/activities as a result of the grant

WD5. The number of consumers/family members who provide mental health-related services as a result of the grant

FINANCING (F)

F1. The amount of funding for mental health-related practices/activities as a result of the grant

F2. A change to a financing policy to fund and/or improve mental health-related practices/activities as a result of the grant

F3. The amount of pooled/blended or braided funding with other organizations used for mental health-related practices/activities as a result of the grant

ORGANIZATIONAL CHANGE (OC)

OC1. An organizational change made to support improvement of mental health-related practices/activities as a result of the grant

PARTNERSHIP/COLLABORATIONS (PC)

PC1. The number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/ MOAs) to improve mental health-related practices/activities as a result of the grant

PC2. The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant

ACCOUNTABILITY (A)

A1. The number of organizations making changes to accountability mechanisms in order to improve mental health-related practices/activities as a result of the grant

A2. The number of organizations that regularly obtain, analyze, and share data on mental health-related results as a result of the grant

A3. The number of communities with MIS or IT system links across multiple agencies to share service population and service delivery data

A4. The <u>number and percentage of work group/advisory group/council members</u> who are consumers/family members

A5. The <u>number of consumers/family members</u> representing consumer/family organizations who are involved in mental health-related planning and advocacy activities

A6. The <u>number of consumers/family members</u> who are involved in mental health-related evaluation oversight, data collection, and/or analysis activities

TYPES/TARGETS OF PRACTICES (T)

T1. The <u>number of specific mental health-related practices/activities</u> implemented as a result of the grant

T2. The <u>number of programs/organizations/communities</u> utilizing evidence-based mental health-related practices/activities as a result of the grant

T3. The <u>number of people</u> receiving evidence-based mental health-related services

T4. The <u>number of programs/organizations/communities</u> implementing adaptations of EBPs that incorporate the special needs of unique populations or settings

TRAC prevention and promotion CATEGORIES AND INDICATORS

AWARENESS (AW)

AW1. The <u>number of individuals</u> exposed to mental health awareness messages

TRAINING (TR)

TR1. The <u>number of individuals</u> who have received training in prevention or mental health promotion

KNOWLEDGE/ATTITUDES/BELIEFS (NAB)

NAB1. The <u>number and percentage of individuals</u> who have demonstrated improvement in knowledge/attitudes/beliefs related to prevention and/or mental health promotion

SCREENING (S)

S1. The <u>number of individuals</u> screened for mental health or related interventions

OUTREACH (O)

O1. The <u>number of individuals</u> contacted through program outreach efforts

O2. The total <u>number of contacts</u> made through program outreach efforts

REFERRAL (R)

R1. The <u>number of individuals</u> referred to mental health or related services

ACCESS (AC)

AC1. The <u>number and percentage of individuals</u> receiving mental health or related services after referral